

Community Health Worker(CHW) Engagement for Improved Linkages, Retention and Defaulter Tracing

By

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Background

- Traditional approaches to TB and HIV management:
 - Passively wait for patients to present themselves to health care facilities.
 - Contributing to ongoing transmission of TB and HIV at community and household levels.
- There is strong evidence that support active case finding approaches.
- It is against this background that the Intensified Case Finding (ICF) study was implemented in 2013.

Setting

- Witkoppen Health and Welfare Centre (WHWC) is a comprehensive primary healthcare clinic in the north of Johannesburg.
- Over 100 000 patient visits per year.
- Service the urban informal communities of Diepsloot, Cosmo City, Msawawa, Kyasands and Pipeline.



Study Scope

- The study objectives are:
 - To perform a prospective study in order to determine the feasibility, acceptability and effectiveness of targeted TB and HIV Intensified Case Finding (ICF) in the community.
 - Measure the impact of the intervention on the diagnosis of new cases of TB and HIV; and in the success in returning people lost to TB /HIV care back to clinic care.

Target Group

- The research implemented a strategy of household contact tracing for the following groups:
 - Newly diagnosed TB and HIV patients
 - HIV Care Defaulters: Pre- ART and ART
 - TB Care Defaulters: Pre-TB and TB treatment defaulters
 - PMTCT Defaulters
 - Abnormal pap smears

Methodology

- Step 1: Compile list of missed appointments
- Step 2: Telephone tracing
- Step 3: Monitoring and Evaluation
Departments/ Sorting
- Step 4: Home tracing
- Step 5: Reporting

ICF tracking tool

| HIV DEPT | | | | | | ICF | |
|----------------------------------|-------------------------------------------------------------|----------------------------------|-------------------------------------------------------|---------------|----------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------|
| OUTCOME 1ST TELEPHONE TRACING | | OUTCOME 2ND TELEPHONE TRACING | | | | Outcome home visit | |
| DATE | 1=FOUND/REBOOKED;2=NOT FOUND;3=DIED,4=CAME;5= SELF TRANSFER | DATE | 1=REBOOKED;2=NOT FOUND;3=DIED,4=CAME;5= SELF TRANSFER | DATE REBOOKED | Referred for home tracing, 1=yes; 2=no;3=outside of ICF tracing area | Date | 1= REBOOKED; 2= NOT FOUND; 3= DIED; 4=ATTENDED CLINIC; 5= SELF TRANSFER; 6= WRONG ADDRESS |
| | | | | | | | |
| | | | | | | | |

Intensified Case Finding (ICF) 2012 to 2014 (Pilot)

- Employed a team of clinic outreach workers
- Mobile data collection system
- Visits were made during weekdays
- Following services provided:
 - TB symptom screening
 - Sputum sample collection where indicated
 - Counselling for index case
 - Home-based HIV testing
 - IPT referral for children under the age of 5 years





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Findings from the Pilot

- The pilot intervention yielded low find rates
- 20% (840/4148) of visits were successful
- Project effectiveness hindered by the following structural barriers:
 - Low success in finding houses
 - High mobility of target population 46%
 - Difficulty in finding individuals at home during working hours.
- Approach was modified in Nov 2014 to employ community-based health workers (CHWs).



Intensified Case Finding (ICF)

2014 to Present

- 10 CHWs were recruited and trained in TB symptom screening, HCT, basic counselling and HAST
- CHWs work part time in areas they live in. They can trace at any time of the day, any day of the week.
- They work up to 86 hrs per month
- They are paid a basic stipend and earn additional incentives for field activities
- No changes to scope and inclusion criteria





Findings

Preliminary Results:

- **Feasibility of home visits**
 - Indicated a high find rate of households = 49% (1450/2657)
 - Main reasons for unsuccessful visits were wrong addresses = 45% (658)
- **Acceptability**
 - People accepting home visits = 95%

Findings

- **Defaulter tracing**
 - Phone calls
 - Found: 7371
 - Linked into care: 5463 (74%)
 - Home visits
 - Found: 954
 - Linked into care: 432 (45.3%)

Findings

- **New TB**
 - 148 positive screens
 - 71 sputum collected (48%)
 - 6 GeneXpert positive and initiated
- **IPT referrals**
 - 167 children under 5 referred for IPT
 - 67 (40%) linked
- **HIV uptake**
 - 324 people tested (60% of eligible)
 - 18 were positive (5.5%)
 - 8 linked and initiated

Successes

- Higher find rate (49% compared to 20%).
- High acceptance of home visits- people refusing home visit low (5%)
- Defaulter tracing outside initial scope
- Complement clinic counselling efforts



Challenges

- Wrong addresses- Patient update, include nearest landmark
- HCT training and certification is lengthy
- Linkage to care is low- Adherence counselling training
- Safety of personnel and mobile phones- Pairs
- Fatigue/ burn out of CHWs- Debriefing sessions

Summary

1. Model successful in urban informal settlement setting
2. Central data system to manage defaulters
3. Multi departmental approach to manage the process of tracking defaulters- resources and manpower.

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